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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10537973 | <b>Applicant(s)/Patent Under Reexamination</b><br>GUTSCHE ET AL. |
|   | <b>Examiner</b><br>Taylor Victor Oh        | <b>Art Unit</b><br>1625  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 554                |                                   | 174      |  |  |  | C                            | 0 | 7 | C | 51 / 43 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  | C                            | 0 | 7 |   | 69 / 02 ()           |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 554                | 175                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 560                | 231                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 18       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 19       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 20       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 21       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 22       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 23       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 25       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 26       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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| NONE   |                             | <b>Total Claims Allowed:</b> |                   |
|  |                             | 13                           |                   |
| (Assistant Examiner)<br>/Taylor Victor Oh/<br>Primary Examiner.Art Unit 1625<br>(Primary Examiner) | (Date)<br>4/16/09<br>(Date) | O.G. Print Claim(s)          | O.G. Print Figure |
|  |                             | 13                           | 1                 |